

OAG Tracking #: _____ (for OAG use only)

Municipality _____

Total Requested Amount (for all disciplines) \$ _____ (cannot exceed \$200,000)

SFY05 Statewide Local Domestic Preparedness Equipment Grant Application

(Please provide all requested information below:)

State of New Jersey Vendor ID (Tax ID#): _____

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____ Ext. _____

Agency Fax Number: _____

Agency Contact: _____ Title: _____

Contact Email Address: _____

Mayor/Designee _____

Address: _____

Phone #: _____ Ext. _____

Chief Financial Officer: _____ Title: _____

CFO Address: _____

CFO Phone #: _____ Ext.: _____

Mayor/Designee (typed name)

Chief Financial Officer (typed name)

Signature

Date

Signature

Date

Filing Instructions:

Completed Application with original signatures along with the accompanying Response Discipline Agency Identification Forms, must be postmarked no later than September 24, 2004 to the following address:

**New Jersey Department of Law & Public Safety
Hughes Justice Complex
25 Market Street
P.O. Box 081
Trenton, N.J. 08625
Attn: Steven C. Talpas**